and describes their various anastomoses and distribution. The paper should be studied in full, as it does not well bear abstraction.

Albert A. Gray.

TRACHEA.

D. Bovaird (New York).—*Tracheal Obstruction from a Tumour in a Boy aged three.* "Archives of Pediatrics," October, 1904.

The case was a boy, aged two years and eleven months, and is fully reported. His most striking symptom was laboured and stridulous breathing. The difficulty was most with expiration, which was accompanied by symmetrical bulging at the sides of the neck. The boy died during an attempt at operation. The tumour lay between the trachea and œsophagus, connected with both. Its lower part was engaged in the space between the sternum and vertebral column, but the trachea showed no evidence of compression. Microscopically, the tumour was composed of fibrous and fatty tissue. The interest of the case lies in the presence of the tumour in so unusual a situation, and in the absence of difficulties of deglutition. There was hypertrophy of the lower end of the œsophagus and cardiac end of the stomach. *Macleod Yearsley.*

EAR.

Drew, Douglas.—*A New Method of Skin-Grafting the Cavity after Mastoidectomy.* "Clinical Journal," June 1, 1904.

After performing the complete mastoid operation, a meatal flap is cut after Ballance's method, and the cavity in the bone is packed with gauze through the meatus, the wound behind the ear being sutured throughout. At the end of fourteen days, when the healing of the flap is complete, the grafting is undertaken. A graft is cut large enough to cover the whole surface, and is spread on a piece of moistened silk court plaster with the raw surface uppermost. This prevents it from curling up. The redundant plaster is then cut away all round. The plaster is then laid over the meatus and invaginated through it and carries the graft with it, the edges of the plaster being held by forceps while it is being adjusted to the cavity and while the cavity is being closely packed with gauze to keep it in position. At the end of ten days the plugs may be removed, and the plaster withdrawn and with it the adherent cuticle generally comes away, leaving the graft lining the cavity.

The following advantages are claimed for this method:

1. It renders unnecessary the reopening of the wound.
2. It is much easier to apply the graft to the whole granulating surface, as the flap covering the cavity is not disturbed.
3. The oozing incident on reopening the wound and the risk of blood getting beneath the graft are avoided.
4. It overcomes the troublesome manipulation of adjusting the graft in an irregular and deeply seated cavity. This is insured by pushing the plaster (and graft) home on to the granulating surface by closely packing the cavity with gauze through the meatus. *Middlemass Hunt.*